Pharmacy Technician Education & Training Institute
ENROLLMENT FORM

Fax completed form to 1-877-468-5242 or Email to abanks@pharmacytech-school.com

Date: _____   **Session Dates** _____

Name: _____

Address: _____

City:_____   **State:** _____   **Zip Code:** _____

D.O.B _____   **Phone #(H)**_____   **(ALT)**_____

Email Address: _____

Graduated from High School? _____Yes   _____No   **If yes what year?** _____

GED?   ____Yes   **What year?** _____

Name and location of High School _____

_____

Attended College? ____ Yes ____ No   **If yes, # if yrs completed?** _____   Credit hrs. _____

Name and location of College _____

Major: _____

Received degree or diploma?   If yes, what type? _____

Check the grade level commensurate with your math skills
☐ **5th**   ☐ **8th**   ☐ **12th**   ☐ **college**

How many words can you type per minute?
_____ WPM

Computer Literacy: Check the functions below that you are able to perform proficiently.

☐ Check email   ☐ send email   ☐ word processing   ☐ browse the internet

☐ Use search engines like Google and Yahoo ☐ research various topics online

Using a scale of 1 to 5 rate your ability to do the following skills with 1 being terrible at it and 5 being very good at it.

Computer Use_____   Typing_____   Independent Study_____   Absorbing large amounts of info quickly____

Have you ever been convicted of a felony? ____Yes ____ No   Year?_____

Was it a drug related charge? ____Yes ____No

Please explain, _____

_____

_____

_____

Please write a brief statement explaining what you hope to gain from the course.

_____

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Printed Name of Applicant

_____   _____

Signature of Applicant   **Date**